

## FINANCIAL AFFIDAVIT

CJA 23  
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES  
IN THE CASE OF☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

FILED

AT

JUL 9 2008

LOCATION NUMBER

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

PERSON REPRESENTED (Show your full name)

Robert Joyner

MAGISTRATE JUDGE JEFFREY COLE  
UNITED STATES DISTRICT COURT

- ☒ Defendant - Adult  
☐ Defendant - Juvenile  
☐ Appellant  
☐ Probation Violator  
☐ Parole Violator  
☐ Habeas Petitioner  
☐ 2255 Petitioner  
☐ Material Witness  
☐ Other (Specify) \_\_\_\_\_

CHARGE/OFFENSE (describe if applicable &amp; check box →)

- ☐ Felony  
☒ Misdemeanor

21 USC 841

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment How much did you earn per month? \$ _____ If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED: 600 SOURCES: SSI for heart conditions
	CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND DESCRIBE IT VALUE: _____ DESCRIPTION: _____

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED Total No. of Dependents: 0 List persons you actually support and your relationship to them: _____																			
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	<table border="1"> <thead> <tr> <th>APARTMENT OR HOME:</th> <th>Creditors</th> <th>Total Debt</th> <th>Monthly Pay.</th> </tr> </thead> <tbody> <tr> <td>rent</td> <td></td> <td>\$ 300</td> <td>\$ 300</td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Pay.	rent		\$ 300	\$ 300			\$	\$			\$	\$			\$
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I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

7/9/08

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Robert Joyner